

# South Carolina Historic Rehabilitation Incentives

## Certified Rehabilitation Application

### S1 – Evaluation of Significance

Use this form to request a determination if a residence is a 'certified historic residential structure,' in accordance with South Carolina Code of Laws 1976 Section 12-6-3535(B).

Note: The S1 form is NOT NEEDED if the property is listed individually in the National Register unless the project includes work on an outbuilding. Send one S1 form for historic buildings that were functionally-related during the historic period, such as a historic complex, a farmstead, or a house and garage. Send separate S1 forms for historic buildings that were not functionally-related, such as two or more residential or commercial buildings within a listed historic district that are located adjacent to each other. Applications can be considered complete only if they include the attachments listed below. Send signed and completed form to State Tax Credit Review, State Historic Preservation Office, SC Department of Archives and History, 8301 Parklane Road, Columbia, SC 29223. Phone: 803-896-6199. <http://shpo.sc.gov>

Please print in ink or type the information that you provide.

#### 1. PROPERTY INFORMATION

Historic Property Name The Roberts-Highsmith House County Jones

Address 145 Main Street City Smallville, South Carolina (ZIP) 29999

Has the street address changed? yes ☒ no ☐ don't know

If yes, what was the previous address \_\_\_\_\_

Name of National Register Historic District (if applicable) Smallville Historic District

#### 2. PROJECT CONTACT (if different from the taxpayer)

Name \_\_\_\_\_ Daytime Telephone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-mail address \_\_\_\_\_

**3. TAXPAYER'S STATEMENT** – By signing this form, I attest that the information provided herein is true and complete to the best of my knowledge. Further, I understand that falsification of factual representations in this application is subject to civil and criminal penalties as provided in 12-54-43 and 12-54-44 of the SC Code of Laws, 1976.

Name (print) Steven T. Snyder Signature \_\_\_\_\_

Address 145 Main Street Date 10-27-2008

City Smallville State South Carolina Zip 29999

Daytime Telephone ( 555 ) 555-5555 Social Security Number 000-00-0000

e-mail address steve.snyder@net.com

#### 4. ATTACHMENTS

Include the following information with your signed and completed application. We must place incomplete applications on hold until you provide the requested information. Please send complete information with the initial submission.

☒ **Map** showing streets, cross streets, and adjacent property parcels; **plats are not acceptable.** [See Instructions]

☒ **Photographs** Black & white, color, and digital are acceptable. **Polaroids are not acceptable. Photos will not be returned.** [See Instructions]

#### STATE HISTORIC PRESERVATION OFFICE USE ONLY

PROJECT NUMBER \_\_\_\_\_

\_\_\_\_ As documented on this form and accompanying attachments, the residence is a 'certified historic residential structure' and eligible to pursue the state income tax credit created by SC Code of Laws 12-6-3535(B), because it:

\_\_\_\_ ☐ Contributes to the significance of the above-referenced National Register historic district.

\_\_\_\_ ☐ Meets the criteria for individual listing in the National Register of Historic Places.

\_\_\_\_ ☐ Includes an outbuilding(s) of an otherwise eligible property that contributes to the historic significance of the property.

\_\_\_\_ ☐ Contributing outbuilding(s) are \_\_\_\_\_.

\_\_\_\_ As documented on this form and accompanying attachments, the residence IS NOT a 'certified historic residential structure' according to SC Code of Laws 12-6-3535(B) and therefore ineligible to pursue the tax credit, because it:

\_\_\_\_ ☐ DOES NOT contribute to the significance of the above-referenced National Register historic district.

\_\_\_\_ ☐ DOES NOT meet the criteria for individual listing in the National Register of Historic Places.

\_\_\_\_ ☐ Is an outbuilding that DOES NOT contribute to the historic significance of the property.

\_\_\_\_ ☐ Non-contributing outbuilding(s) are \_\_\_\_\_.

State Historic Preservation Officer/Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_ See attached sheets

## Certified Rehabilitation Application – S1

### 5. PROPERTY DESCRIPTION

Date(s) of Construction 1905 Source of Date(s) Sanborn Fire Insurance Maps, 1900,1906

Describe Alterations/Changes or Additions to Exterior/Interior (include dates)

Existing roof is from 1994.

Existing HVAC system was updated in the 1990s.

Existing electrical and plumbing systems were updated in the 1950s.

Existing kitchen and bathrooms were updated in the 1970s.

Has the building been moved? ☒ no ☐ yes Date(s) of move(s)? \_\_\_\_\_  
If yes, where was the original location?

Are outbuildings on the property? ☐ no ☒ yes If yes, please list each outbuilding with approximate date of construction, alterations/changes and additions. Please include photographs of each outbuilding.

There is a ca. 1930s detached garage, no changes or alterations have been made.

NOTE – THIS COMPLETES THE S1 FOR:

- ANY RESIDENCE IN A NATIONAL REGISTER HISTORIC DISTRICT;
  - ANY OUTBUILDING OF A PROPERTY LISTED INDIVIDUALLY IN THE NATIONAL REGISTER; OR
  - ANY OUTBUILDING OF A PROPERTY THAT CONTRIBUTES TO A NATIONAL REGISTER HISTORIC DISTRICT.
- PLEASE USE THE NEXT PAGE FOR ANY RESIDENCE OR OUTBUILDING THAT IS NOT LISTED INDIVIDUALLY IN THE NATIONAL REGISTER OR LOCATED IN A NATIONAL REGISTER HISTORIC DISTRICT.